



HIV/AIDS Overview 2013

2013 Prevalence data
2011 Diagnosis data

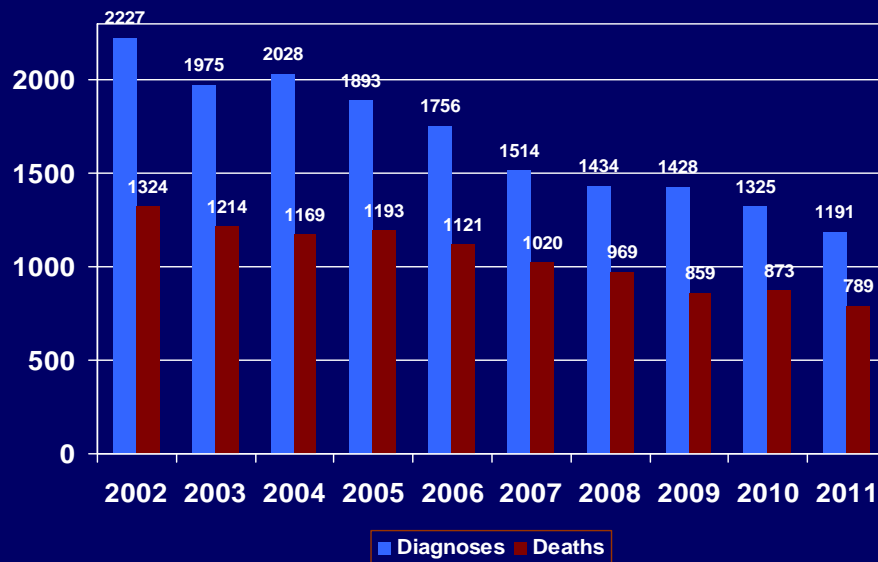
New Jersey Department of Health
Division of HIV, STD, TB Services



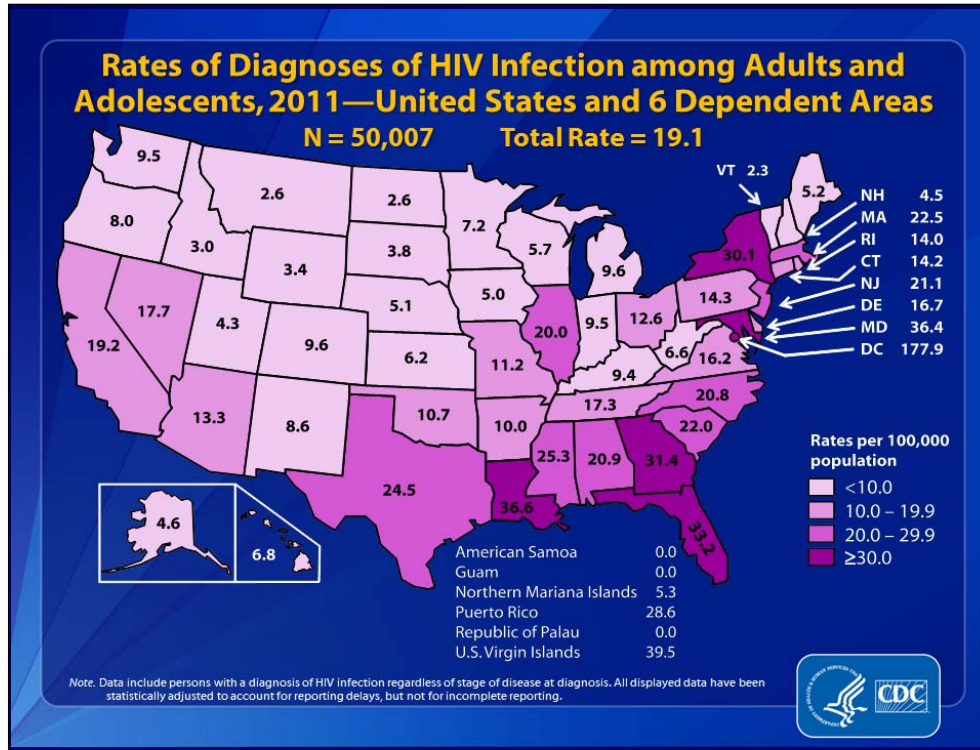
HIV/AIDS in New Jersey

- New Jersey ranked 4th among the 50 states in the rate of adults and adolescents living with HIV/AIDS in 2010. New Jersey ranked 10th in the rate of adults and adolescents diagnosed with HIV/AIDS in 2011.
- Cumulatively, 79,570 cases of HIV/AIDS have been reported in New Jersey. As of December 31, 2013, 37,511 individuals were known to be alive and residing in New Jersey. Prevalent cases include 17,533 persons living with HIV and 19,978 persons living with AIDS.
- In 2011, there were 1,191 new diagnoses and 789 deaths among persons with HIV/AIDS in New Jersey.

Number Adult/Adolescent HIV/AIDS Diagnoses, Deaths – New Jersey, 2002 - 2011



Between 2002 and 2011, the number of new adult/adolescent HIV/AIDS diagnoses decreased from a high of 2,227 to a low of 1,191, a decline of approximately 47%. The number of annual deaths among persons with HIV disease has also declined over the past decade from 1,324 deaths in 2002 to 789 deaths in 2011, a decline of approximately 40%. However, since the number of new diagnoses has outpaced the number of deaths among people with HIV annually, the number of New Jerseyans living with HIV/AIDS continues to rise and was at 37,511 at the end of 2013.



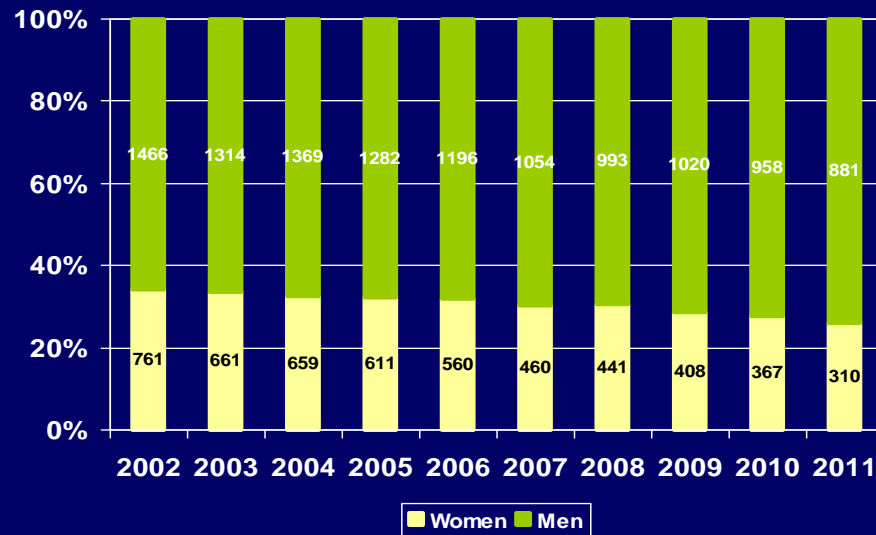
New Jersey ranked 4th in the rate of adults and adolescents living with HIV/AIDS in 2010.

This map shows rates of adult/adolescent diagnoses in the United States in 2011. Adults and adolescents include those ages 13 and older. The HIV/AIDS diagnosis rate among adults and adolescents in the US was 19.1 per 100,000 population in 2011. The areas shaded in the darkest purple have the highest rates followed by the lighter purple, lavender, and pink areas. New Jersey ranked 10th in the rate of adult and adolescent HIV/AIDS diagnoses in 2011 with a diagnosis rate of 21.1 per 100,000 population which put NJ in the second highest tier of diagnosis rates among states in 2011.

HIV/AIDS Among Females

- New Jersey has historically had one of the highest proportions of HIV infections occurring in females. New Jersey ranked 2nd among states in the percentage of prevalent female HIV cases through 2010 and 11th in the percentage of new female HIV cases diagnosed in 2011.
- Although both the prevalence of HIV/AIDS among females and the percentage of cases diagnosed in females in recent years in New Jersey remain higher than the national average, both are declining.
- In New Jersey, 26% of HIV and AIDS diagnoses in 2011 were in females; 21% of new HIV diagnoses nationally were in females. Females comprised 33% of prevalent cases in New Jersey in 2013 compared with 25% for the United States in 2010.

Number Adult/Adolescent HIV/AIDS Diagnoses by Sex – New Jersey, 2002 - 2011



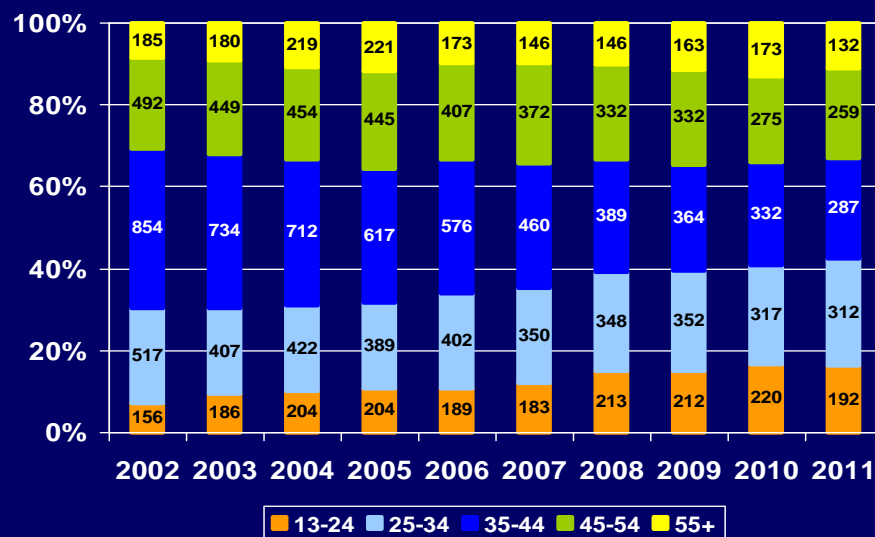
This slide shows the number of HIV and AIDS cases diagnosed from 2002 to 2011 in New Jersey by sex with the relative percentages these numbers represent displayed on the left axis. The number of new adult/adolescent HIV/AIDS cases annually diagnosed among females in New Jersey decreased 59% from 2002 to 2011, declining from 761 cases in 2002 to 310 cases in 2011. Diagnoses among females as a percentage of all diagnoses by sex peaked at 34% in 2002 and 2003. Since then, the percentage has steadily and consistently decreased and was at 26% in 2011.

HIV/AIDS and Age

- HIV-infected persons in New Jersey tend to be older compared with HIV-infected persons in the United States overall. New Jersey ranked 2nd among 46 states with long-term name-based reporting in 2010 in the prevalence of adults aged ≥ 50 living with HIV infection.
- More than two-thirds (68%) of prevalent cases in New Jersey were age 45 or older in 2013. Twenty-eight percent of persons living with HIV/AIDS were between 25 and 44 years of age.
- However, shifts are occurring at the age at which persons are diagnosed with HIV/AIDS in New Jersey. Between 2002 to 2011, the number of diagnoses decreased for persons of all ages with the exception of diagnoses among persons 13 to 24 years which rose 23% during this time period.

Centers for Disease Control and Prevention. Diagnoses of HIV infection among adults aged 50 years and older in the United States and dependent areas, 2007–2010. *HIV Surveillance Supplemental Report* 2013;18(No. 3). <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#supplemental>. Published February 2013.

Number Adult/Adolescent HIV/AIDS Diagnoses by Age Group -- New Jersey, 2002 - 2011



This slide displays the number of adult/adolescent diagnoses in New Jersey by age group at diagnosis and the relative percentages of diagnoses the numbers represent. Between 2002 to 2011, the number of diagnoses decreased among persons of all ages with the exception of diagnoses among persons 13 to 24 years indicated by the orange section of the bar. Among 13 to 24 year olds, the number of diagnoses rose 23% from 156 diagnoses in 2002 to 192 diagnoses in 2011. Diagnoses among 13 to 24 year olds comprised 7% of all adult and adolescent HIV and AIDS diagnoses in 2002 but 16% of diagnoses in 2011.

Cases among persons under 35 years of age which are represented by the bottom two sections of the bar increased from a share of 30% of all new diagnoses in 2002 to 42% of diagnoses in 2011.

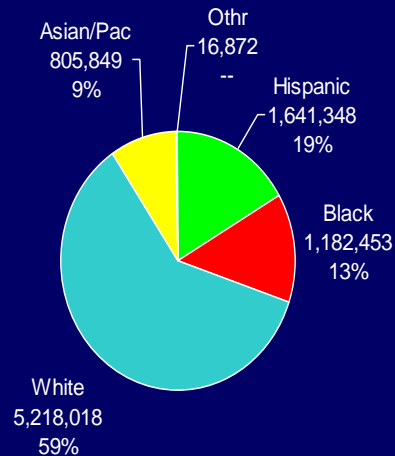
Note: The overall increase in diagnoses among 13 to 24 year olds is due to an increase in male diagnoses. The number of diagnoses among females 13 to 24 years fell 54% between 2002 to 2011 while diagnoses among males 13 to 24 doubled (not shown).

HIV/AIDS and Race/Ethnicity

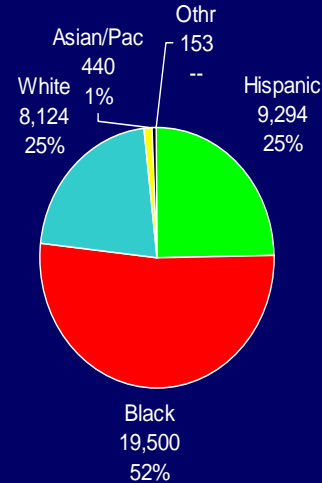
- A disparity persists with regards to the disproportionately high percentage of cases occurring among minorities in New Jersey. Diagnoses among Black African Americans accounted for half of new HIV/AIDS diagnoses in 2011 and diagnoses among Hispanic persons accounted for 28% of new diagnoses in 2011.
- The disparity of new cases occurring among minority populations is particularly pronounced for persons ages 13 to 24. Among young adults, minorities accounted for 91% of all diagnoses occurring in persons aged 13 to 24 in 2011 compared with 78% of diagnoses among all adults and adolescents in New Jersey.

Population by Race/Ethnicity – New Jersey, 2013

Population New Jersey,
2012 N=8,864,590



Persons Living with HIV/AIDS
New Jersey, 2013 N=37,511

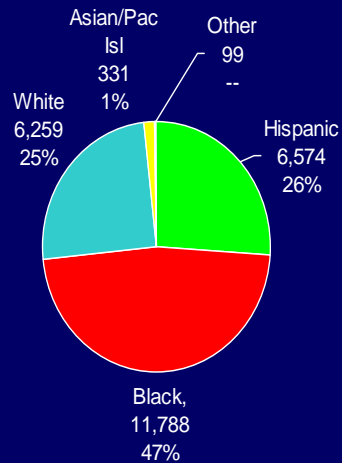


Source: Population data as of July 2012 Bridged-Race estimates

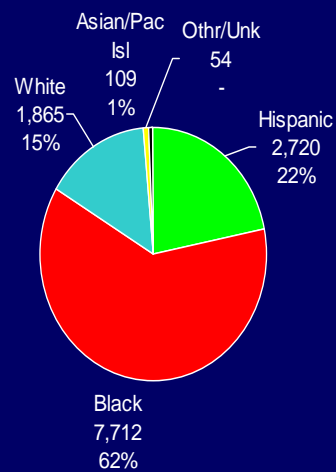
This slide compares the population of New Jersey by race/ethnicity in 2012 with prevalent HIV/AIDS cases in 2013. Black African Americans are represented in red, Hispanics in green, Whites in blue and Asians and Pacific Islanders in yellow. Whereas Blacks comprised 13% of the population of New Jersey in 2012, Blacks comprised 52% of persons living with HIV/AIDS in 2013. Hispanic persons comprised 19% of the population in 2012 but 25% of prevalent cases in 2013. In contrast, Whites comprised 59% of the population in 2012 yet represented 25% of persons living with HIV/AIDS in 2013, and Asians and Pacific Islanders who comprised 9% of New Jersey's population in 2012 represented only 1% of prevalent HIV/AIDS cases in 2013.

Percent Persons Living with HIV/AIDS by Sex and Race/Ethnicity -- New Jersey, 2013

Male (N=25,051)

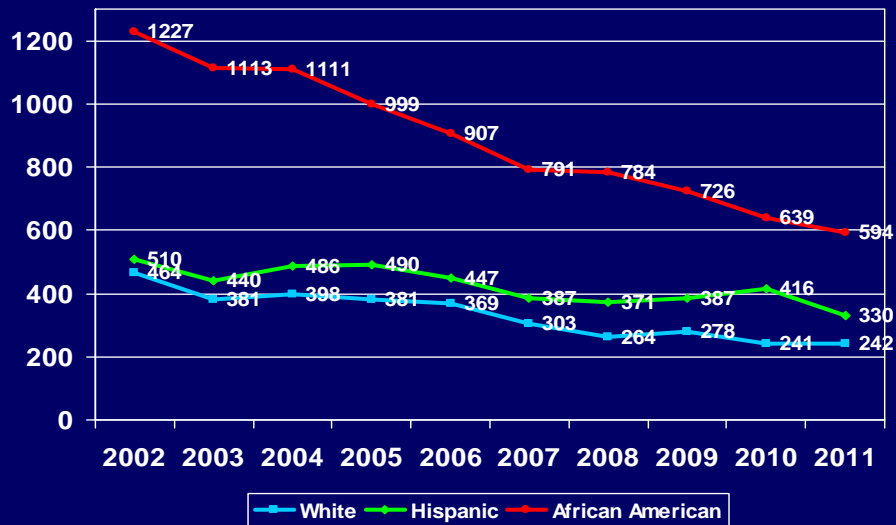


Female (N=12,460)



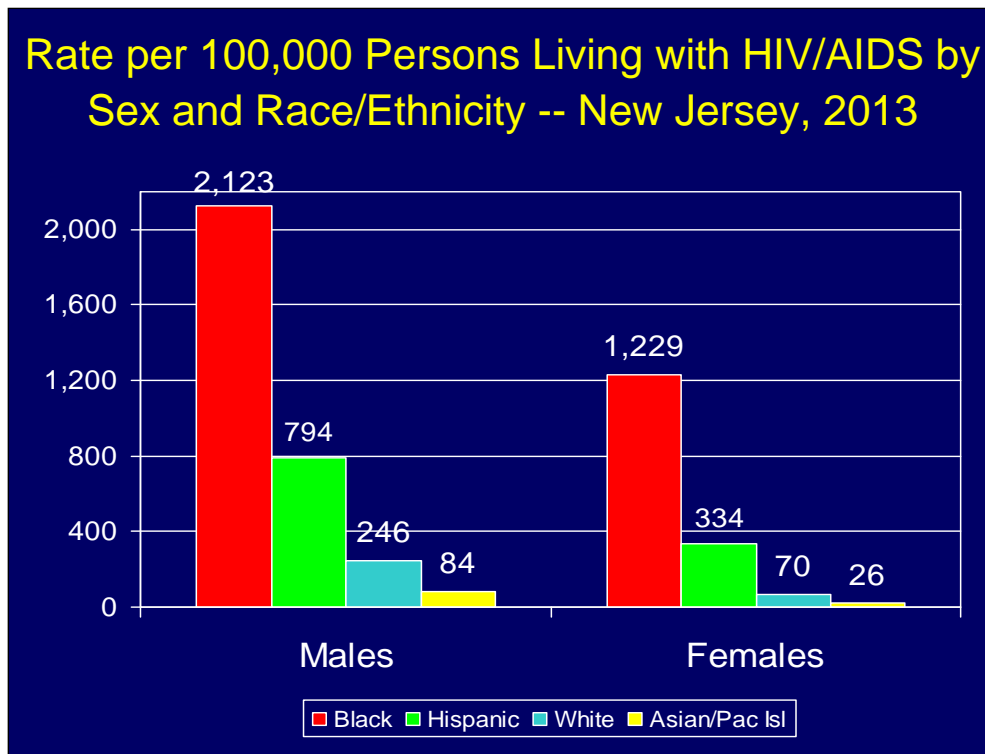
Overall 77% of prevalent cases in 2013 were among Blacks and Hispanics. A greater percentage of prevalent cases among females (84%) were among Blacks and Hispanics compared with men (73%). Women of color represent the vast majority of new diagnoses among females in New Jersey with 86% of new diagnoses in 2011 occurring in women of color compared with 75% of new diagnoses for men (not shown).

Number Adult/Adolescent HIV/AIDS Diagnoses by Race/Ethnicity -- New Jersey, 2002 - 2011



This slide shows the number of new HIV and AIDS diagnoses by race/ethnicity in New Jersey. The number of HIV diagnoses has steadily decreased from 2002 to 2011. Among Black non-Hispanics, the decline in new diagnoses between 2002 and 2011 was the steepest at 52%, compared to 48% among White non-Hispanics and 35% among Hispanics.

Although diagnoses as a share of all diagnoses by race/ethnicity decreased among Blacks during this time period, diagnoses among Blacks still accounted for half (50%) of HIV and AIDS diagnoses in 2011. Diagnoses among Hispanics accounted for 28% of diagnoses in 2011. Diagnoses occurring among minority populations accounted for close to four-fifths (78%) of all new cases in 2011 whereas minorities comprise under one-third (31%) of the population of New Jersey.



The Statewide HIV/AIDS prevalence rate in New Jersey was 423 per 100,000 persons in 2013. The prevalence rate for African Americans was 1,649 per 100,000 population, or nearly 4 times the Statewide rate, 567 per 100,000 for Hispanics, 156 per 100,000 for Whites, and 55 for Asians and Pacific Islanders. The rate went down for African Americans between 2012 and 2013 but went up for Hispanics and particularly for Hispanic males increasing from 741 per 100,000 population in 2012 to 794 per 100,000 in 2013.

The rate of HIV/AIDS prevalence by race/ethnicity in New Jersey is highest among African Americans and lowest among Asians and Pacific Islanders. The rate among African Americans was 10.5 times higher than it was for Whites and 3.5 higher than for Hispanics than for Whites.

The disparity of rates of HIV by race/ethnicity is greater for women compared with men. The rate of HIV prevalence was 17.5 times higher for African American women in 2013 than it was for White women and nearly 8.5 times higher for African American men compared with White men. The rate of HIV prevalence was nearly 5 times higher for Hispanic women in 2013 than it was for White women and just over 3 times higher for Hispanic men compared with White men.

Two percent of African American men were living with HIV in New Jersey in 2013.

Number HIV/AIDS Diagnoses Among Persons Ages 13 – 24 by Race/Ethnicity -- New Jersey, 2002 - 2011



This slide shows the number of new HIV/AIDS diagnoses among persons ages 13 to 24 by race/ethnicity in New Jersey from 2002 to 2011. A different pattern emerges with regards to diagnoses among 13 to 24 year olds by race/ethnicity. Whereas the number of diagnoses among Black adults and adolescents overall has declined, the number of diagnoses among Blacks has remained consistently high for 13 to 24 year olds. Among persons aged 13 to 24 years at HIV/AIDS diagnosis, Blacks accounted for 61% of diagnoses in 2011 and Hispanics accounted for 30% of diagnoses in 2011 or 91% for Blacks and Hispanics combined compared to 78% of adults and adolescents overall.

HIV/AIDS and Country of Birth Status

- Immigration status is not contained in the HIV/AIDS registry.
- 'Country of birth not U.S.' is the closest proxy available to track infections among persons living with HIV/AIDS who are foreign-born.
- Overall, 26,844 (72%) of 37,511 persons living with HIV/AIDS in New Jersey in 2013 were born in the United States, followed by 1,335 (4%) born in Puerto Rico, 637 (2%) born in Haiti, and 3,949 (11%) born in the rest of the world. Country of birth was unknown in 4,746 (13%) of prevalent cases.
- Country of birth varies by race/ethnicity and sex. A larger proportion of Hispanics and Asians / Pacific Islanders were foreign-born compared to Whites and Blacks. A larger proportion of females were foreign-born compared to males.

Note: U.S. does not include Puerto Rico or other U.S. dependencies

New Jersey has the third highest proportion of foreign-born residents in the nation. More than 20% of New Jersey's population is foreign-born, defined as those born outside the US, Puerto Rico, Guam or the US Virgin Islands. About 45% of New Jersey's foreign-born are from Latin America and the Caribbean, 31% from Asia, 18% from Europe, 4% from Africa, and 2% other. Bergen County has the highest number of foreign-born Whites, Essex the most foreign-born Blacks, Middlesex the most foreign-born Asians, and Hudson the most foreign-born Hispanics. For purposes of HIV numbers, foreign born includes those born in US territories. US territories were separated from the continental US since a large number of persons with HIV/AIDS in NJ were born in Puerto Rico.

Overall HIV prevalence: 72% US, 4% US dependencies, 13% other/unknown, 8% Latin/South America, 2% Africa, 1% Asia

Persons Living with HIV/AIDS By Race/Ethnicity¹ and Foreign-Born Status -- New Jersey, 2013

Place of Birth	White non-Hispanic		Black non-Hispanic		Hispanic		Asian/Pac Isl		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
United States ²	6,711	83	15,872	81	4,062	44	122	28	26,844	72
Not United States	326	4	1,719	9	3,616	39	243	55	5,921	16
Unknown	1,087	13	1,909	10	1,616	17	75	17	4,746	13
Total	8,124	100	19,500	100	9,294	100	440	100	37,511	100

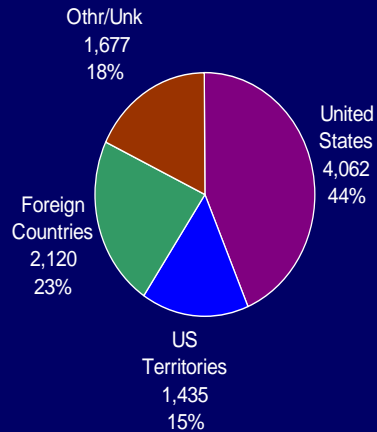
¹ This chart does not include 153 persons living with HIV/AIDS of other and unknown race/ethnicity.

² U.S. does not include Puerto Rico or other U.S. dependencies

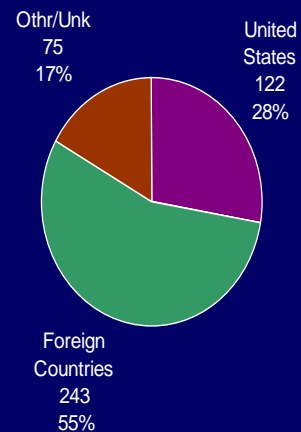
This chart illustrates differences by race/ethnicity in country of birth status for persons living with HIV in NJ in 2013. The percentage of foreign born persons living with HIV/AIDS differs by race/ethnicity. 4% of Whites, 9% of Blacks, 39% of Hispanics, and 55% of Asian and Pacific Islanders living with HIV/AIDS in NJ in 2013 were foreign-born. A higher proportion of prevalent cases among Hispanics and Asians and Pacific Islanders were foreign born compared to Whites and Blacks.

Persons Living with HIV/AIDS by Race/Ethnicity and Country of Birth – New Jersey, 2013

Hispanics N=9,294



Asian/Pacific Islanders N=440



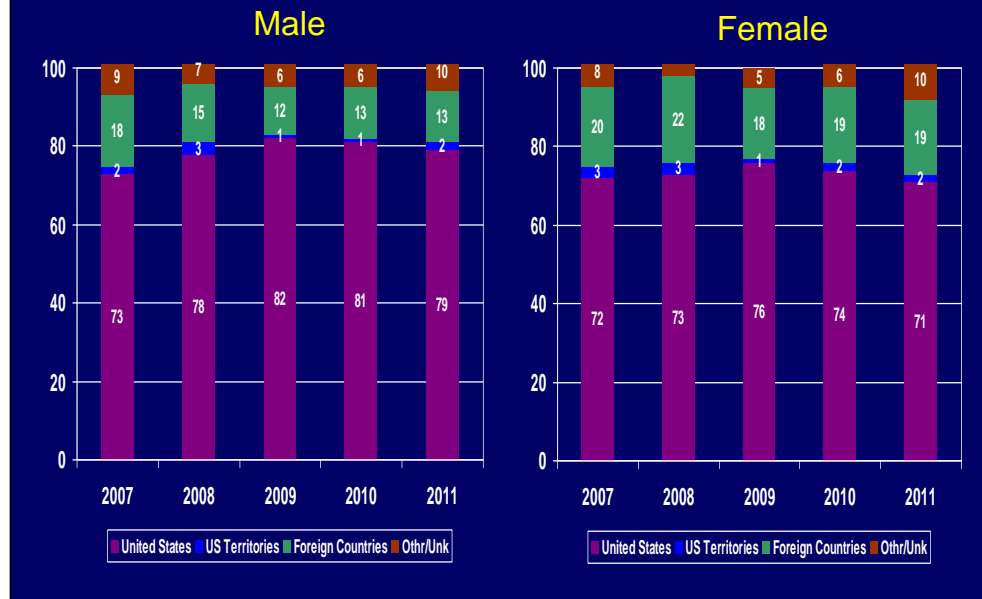
This chart compares country of birth status among Hispanics and Asian and Pacific Islanders, the two racial/ethnic groups with the lowest percentage of US-born prevalent HIV/AIDS cases in NJ in 2013. Among Hispanics, 44% of prevalent cases in 2013 were US-born, 15% were born in US territories, 23% in foreign countries, and country of birth was unknown in 18% of cases.

Among Asian and Pacific Islanders living with HIV/AIDS in 2013, 28% were US-born, 55% were born in foreign countries, and country of birth was unknown in 17% of cases.

The largest representation of non-US births for Hispanics were Puerto Rico, Mexico, Dominican Republic and Colombia.

The largest representation of non-US births for Asians and Pacific Islanders were India and the Philippines.

Percent HIV/AIDS Diagnoses by Sex and Country of Birth -- New Jersey, 2002 - 2011



This slide shows the relative percentage contribution of each geographic category of birth location by diagnosis year from 2007 to 2011 for males compared with females. A larger proportion of male HIV/AIDS diagnoses were US-born compared to females (79% versus 71% in 2011) indicated by the purple bar. Conversely, a lower proportion of male diagnoses were foreign born compared with females (15% versus 21% in 2011) indicated by adding the green and blue sections of the bar.

HIV/AIDS and Exposure

- New Jersey's HIV/AIDS epidemic has historically been associated with Injection Drug Use (IDU). New Jersey ranked 2nd among the 50 states in the percentage (31%) of prevalent HIV cases acquired through injection drug use through 2010 compared with 16% for the nation as a whole, and 4th in the percentage (16%) of HIV diagnoses in 2011 attributable to IDU compared with 7% for the United States.
- New Jersey ranked 48th in the percentage (33%) of prevalent HIV cases acquired through MSM through 2010 compared with 51% for the United States, and 44th in the percentage (52%) of HIV diagnoses in 2011 attributable to MSM compared with 62% of diagnoses for the nation as a whole.
- The percentage of cases attributable to MSM has increased in New Jersey, and has increased particularly for persons 13 to 24 years of age. Three-fourths of diagnoses in 13 to 24 year olds in 2011 were attributable to MSM compared with just over half of cases for adults and adolescents overall.

www.statehealthfacts.org

In the 1980s, the CDC established a hierarchy to categorize modes of exposure or transmission risk for persons reported with HIV/AIDS based on the likelihood the exposure would lead to infection. For surveillance purposes, cases are counted only once in the hierarchy with the exception of MSM/IDU. Persons with more than one reported exposure are listed in the category that appears first.

•1) Men who have sex with men; 2) Injection drug use; 3) Men who have sex with men and inject drugs; 4) High Risk Heterosexual contact with a person with, or at, increased risk for HIV infection.

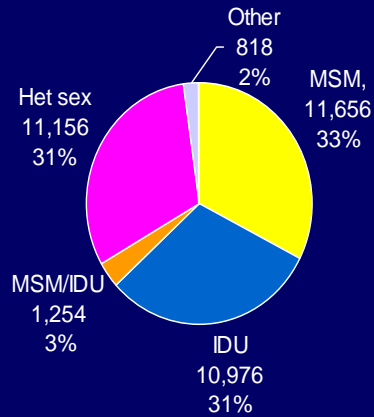
Cases reported with no risk information constitute an increasingly large percentage of new diagnoses. More than half of cases in recent diagnosis years are reported without risk information in New Jersey.

Multiple imputation is a statistical approach that can be used to impute risk exposure. Multiple imputation draws a random sample of missing values from its distribution. Rather than assigning a single risk for each missing value, MI replaces each missing risk with a set of plausible values based on the variables correlated with the missing data and the reasons why the data are missing.

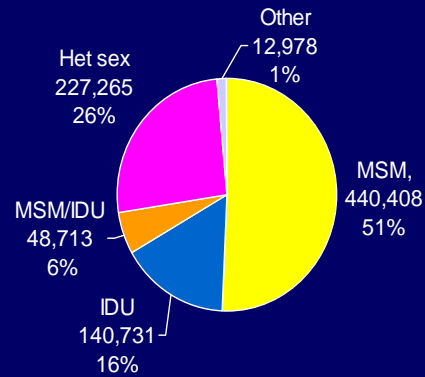
Cases in this analysis were imputed to display what the risk information would likely be if it were obtained and to allow for comparisons with national data.

Persons Living with HIV by Exposure – United States, 2010

New Jersey (N=35,860)



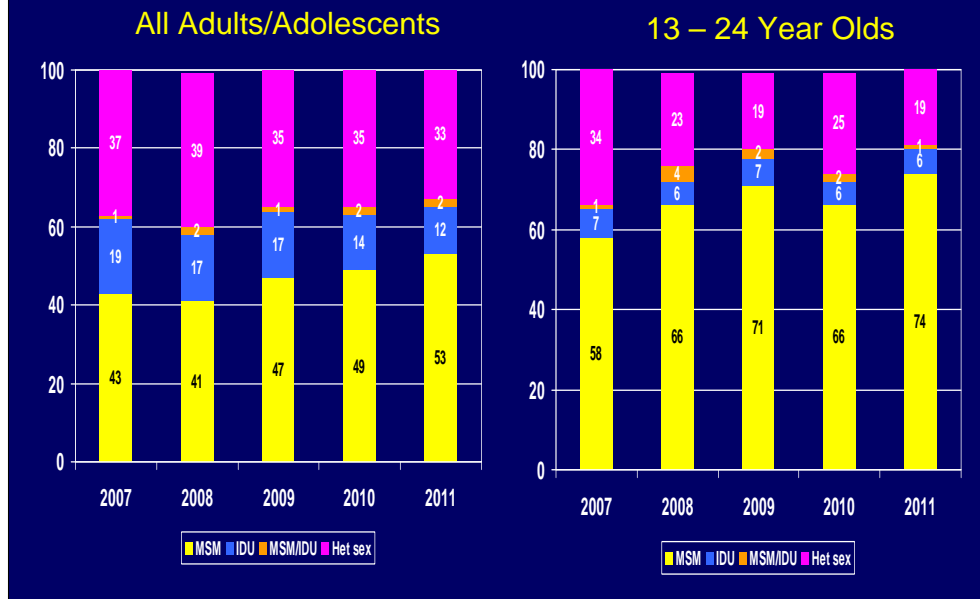
United States (N=807,096)



Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas.

This slide shows prevalent HIV cases in New Jersey by exposure or transmission risk compared with national prevalent cases with yellow indicating MSM, blue indicating IDU, and pink indicating Heterosexual contact. In New Jersey, a higher percentage of cases is associated with IDU and a lower percentage of cases is associated with MSM compared with the nation as a whole. In New Jersey, 31% of prevalent cases in 2010 were attributable to IDU exposure which is almost twice the percentage (16%) of prevalent HIV cases associated with IDU exposure nationally. Conversely, 33% of prevalent HIV cases in New Jersey were associated with MSM compared with 51% nationally.

Percent HIV/AIDS Diagnoses by Exposure -- New Jersey, 2002 - 2011



This slide shows the relative percentage contribution of each major exposure category by diagnosis year from 2007 to 2011 for all adult/adolescents compared with 13-24 year olds. Among all adult and adolescent diagnoses in 2011, 53% were attributed to MSM, 12% to IDU, and 33% to Heterosexual sex compared with 74% attributed to MSM, 6% to IDU, and 19% to Heterosexual sex among 13 to 24 year olds. A larger proportion of diagnoses among 13 to 24 year olds in 2011 was attributable to MSM compared with all adults and adolescents (74% versus 53%) whereas a smaller proportion of diagnoses in 13 to 24 year olds in 2011 was attributable to Heterosexual sex (19% versus 33%).

It's interesting to note the relatively smaller number of diagnoses among 13 to 24 year olds occurring in females: In 2011, 21% of new HIV diagnoses nationally were in females, but 16% were in young females aged 13 to 24. In New Jersey, 26% of HIV and AIDS diagnoses in 2011 were in females, but 19% of diagnoses among 13 to 24 year olds were in females (not shown).

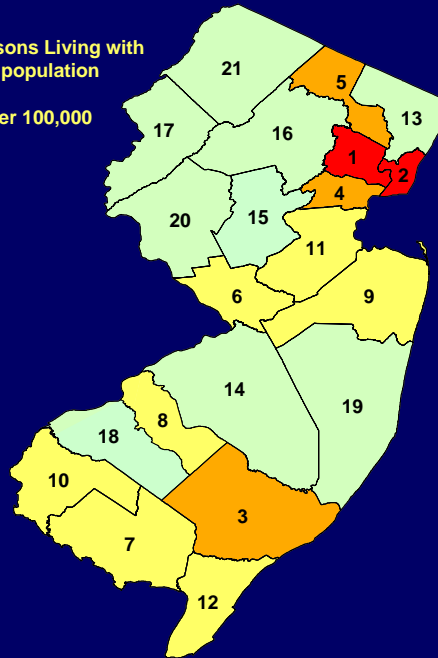
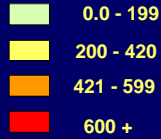
HIV/AIDS by Locality

- The overall HIV/AIDS prevalence rate in New Jersey as of December 31, 2013 was 423 per 100,000 population.
- Overall prevalence was highest in Essex and Hudson counties but varied by race/ethnicity. Hudson, Essex and Passaic Counties had the highest rates of African Americans living with HIV whereas Essex, Hudson and Cape May Counties had the highest rates of Hispanics living with HIV.
- The rate for African Americans was 1,649 per 100,000, or roughly four times the Statewide rate. The Statewide prevalence rate went down slightly for African Americans between 2012 and 2013. However, two percent of Blacks in Essex, Hudson and Passaic Counties were living with HIV/AIDS at the end of 2013.
- The Statewide rate for Hispanics and particularly for Hispanic men increased between 2012 and 2013.

Persons Living with HIV/AIDS in 2013 by County

Prevalence Rate: Persons Living with HIV/AIDS per 100,000 population

Statewide rate= 423 per 100,000



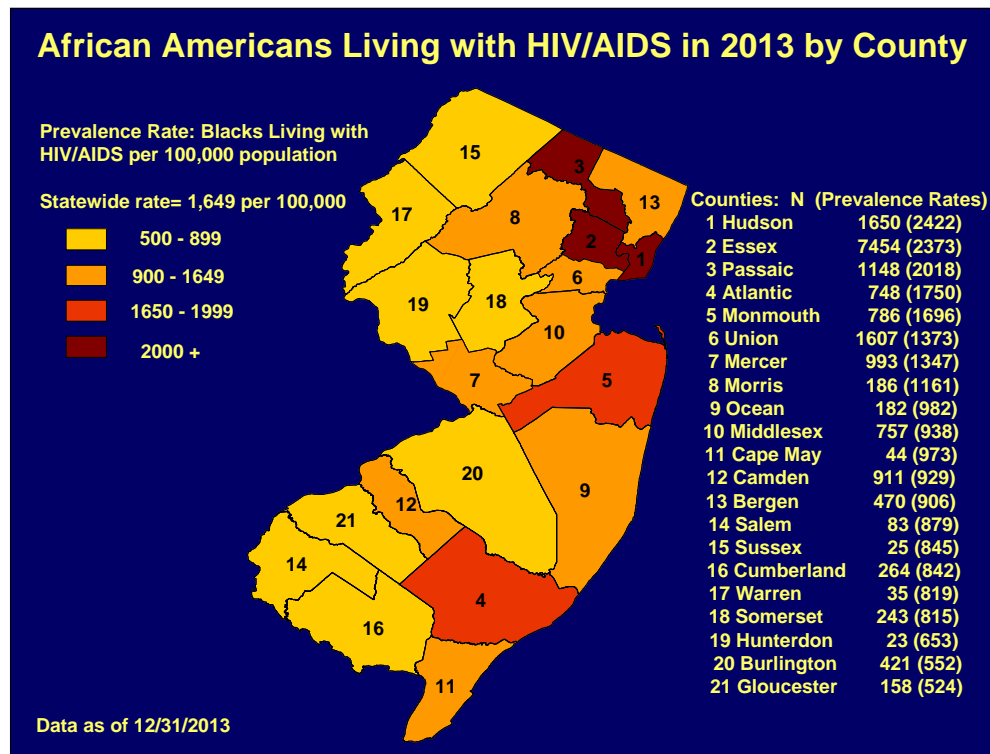
Counties:	N (Rates)
1 Essex	9766 (1240)
2 Hudson	5081 (779)
3 Atlantic	1487 (540)
4 Union	2854 (525)
5 Passaic	2584 (514)
6 Mercer	1512 (411)
7 Cumberland	600 (380)
8 Camden	1865 (363)
9 Monmouth	1895 (301)
10 Salem	170 (259)
11 Middlesex	2098 (255)
12 Cape May	210 (218)
13 Bergen	1735 (189)
14 Burlington	804 (178)
15 Somerset	580 (177)
16 Morris	827 (166)
17 Warren	170 (158)
18 Gloucester	411 (142)
19 Ocean	776 (134)
20 Hunterdon	154 (121)
21 Sussex	163 (111)

Data as of 12/31/2013

The overall prevalence rate in New Jersey was 423 per 100,000 population in 2013. The three columns to the right of the map indicate the counties' ranking by prevalence, number of prevalent cases, and prevalence rates.

Roughly the counties shaded in orange and red have higher prevalence than the Statewide rate and the counties shaded in yellow and green have lower prevalence than the Statewide rate.

Ten, or nearly half of New Jersey's 21 counties, accounted for more than four-fifths (82%) of persons living with HIV/AIDS with Essex, Hudson and Atlantic counties having the highest overall prevalence rates.



The overall Statewide prevalence rate was 423 per 100,000 population in 2013. The Statewide rate for African Americans was 1,649 per 100,000, or roughly four times the Statewide rate.

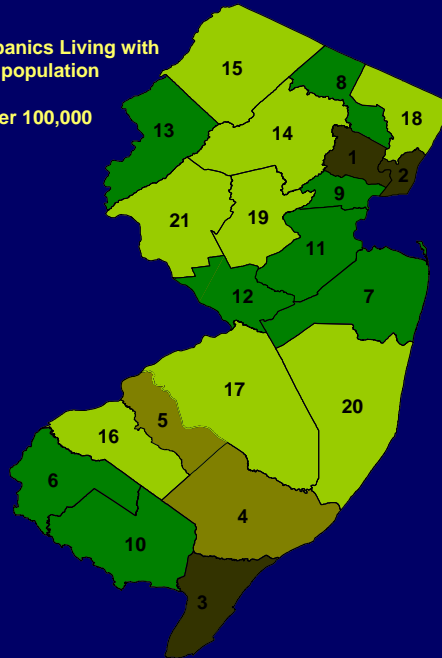
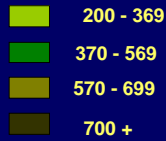
Hudson, Essex and Passaic were the counties with the highest rates of African Americans living with HIV/AIDS. In 2013, Hudson County overtook Essex County with the highest prevalence of African Americans living with HIV/AIDS in New Jersey.

Two percent of African Americans Hudson, Essex and Passaic Counties were living with HIV/AIDS in 2013.

Hispanics Living with HIV/AIDS in 2013 by County

Prevalence Rate: Hispanics Living with HIV/AIDS per 100,000 population

Statewide rate= 567 per 100,000



Counties: N (Prevalence Rates)

1 Essex	1573 (938)
2 Hudson	2072 (745)
3 Cape May	45 (706)
4 Atlantic	336 (688)
5 Camden	443 (573)
6 Salem	27 (556)
7 Monmouth	720 (551)
8 Passaic	1036 (538)
9 Union	786 (503)
10 Cumberland	204 (460)
11 Middlesex	684 (435)
12 Mercer	249 (425)
13 Warren	33 (398)
14 Morris	200 (332)
15 Sussex	29 (289)
16 Gloucester	43 (287)
17 Burlington	87 (273)
18 Bergen	424 (267)
19 Somerset	110 (248)
20 Ocean	119 (236)
21 Hunterdon	15 (207)

Data as of 12/31/2013

The Statewide prevalence rate for Hispanics was 567 per 100,000 population in 2013. The prevalence rate went up for Hispanics between 2012 and 2013 and particularly for Hispanic males increasing from 741 per 100,000 population in 2012 to 794 per 100,000 in 2013 (not shown).

Essex, Hudson and Cape May counties had the highest rates of Hispanics living with HIV/AIDS in New Jersey in 2013 compared with Hudson, Essex, and Passaic Counties for African Americans.